

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street)

430 North Michigan Avenue

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

04

M M M / D D D / Y Y Y Y Y Y

01

M M M / D D D / Y Y Y Y Y Y

2014

through

M M M / D D D / Y Y Y Y Y Y

04

M M M / D D D / Y Y Y Y Y Y

30

M M M / D D D / Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael C McGrew

Signature of Treasurer

Michael C McGrew

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

05

M M M / D D D / Y Y Y Y Y Y

13

M M M / D D D / Y Y Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 04 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y 2014 | | 30495.61 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 3241942.63 | |
| (c) Total Receipts (from Line 19) | 323.20 | 3501131.20 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 3242265.83 | 3531626.81 |
| 7. Total Disbursements (from Line 31) | 300745.20 | 590106.18 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2941520.63 | 2941520.63 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 4 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 323.20 | 3501131.20 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ► | 323.20 | 3501131.20 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 323.20 | 3501131.20 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 323.20 | 3501131.20 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 323.20 | 3501131.20 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 181648.20 | 226895.18 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 181648.20 | 226895.18 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 119097.00 | 363211.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 300745.20 | 590106.18 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 300745.20 | 590106.18 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 323.20 | 3501131.20 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 323.20 | 3501131.20 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 181648.20 | 226895.18 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 181648.20 | 226895.18 |

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

For Line 21b of this report, the disbursements to 720 Strategies LLC on 4/16/14 in the amount of \$5,250.00, to Meath Media Group on 4/16/14 in the amount of \$26,075.00 and to Strategic Partners & Media, Inc. on 4/16/14 in the amount of \$150,000.00 represent advance costs for independent expenditures that were not publicly disseminated during this reporting period, but instead will be disseminated in future reporting periods.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500969.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2014

Transaction ID : AE2E7783EB7EB470D953

Amount of Each Receipt this Period

161.60

In-Kind: administrative & compliance support

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3501131.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : A8935EACDAD9F40DABDF

Amount of Each Receipt this Period

161.60

In-Kind: administrative & compliance support

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

323.20

TOTAL This Period (last page this line number only)..... ►

323.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. 720 Strategies LLC

Mailing Address 1111 19th St NW

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20036-3603 |

| | |
|--|---|
| Purpose of Disbursement Advance payment for Website design costs (See memo text for detailed explanation) | <input type="text"/> Category/ Type |
| Candidate Name | |

| | |
|---|---|
| Office Sought: | Disbursement For: |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 16 | | 2014 |

Transaction ID : BEEBD0FBCEA5A41CEAF

Amount of Each Disbursement this Period

| |
|---------|
| 5250.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Kingle St., NW

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20016-3578 |

| | |
|--|---|
| Purpose of Disbursement Advance payment for online video production costs(See memo text for detailed explanation) | <input type="text"/> Category/ Type |
| Candidate Name | |

| | |
|---|---|
| Office Sought: | Disbursement For: |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 16 | | 2014 |

Transaction ID : B68560A3F337C43F89A7

Amount of Each Disbursement this Period

| |
|----------|
| 26075.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Chicago | IL | 60611-4011 |

| | |
|---|---|
| Purpose of Disbursement In-Kind: administrative & compliance support | <input type="text"/> Category/ Type |
| Candidate Name | |

| | |
|---|---|
| Office Sought: | Disbursement For: |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 15 | | 2014 |

Transaction ID : B0F7002982382456587C

Amount of Each Disbursement this Period

| |
|--------|
| 161.60 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 31486.60 |
|----------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

National Association of Realtors Congressional Fund

A. NATIONAL ASSOCIATION OF REALTORS

Date of Disbursement

Transaction ID : BEE17F8A8135A4296A53

Amount of Each Disbursement this Period

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 161.60 |
| 25-34 | 145.00 |
| 35-44 | 130.00 |
| 45-54 | 115.00 |
| 55-64 | 100.00 |
| 65-74 | 85.00 |
| 75-84 | 70.00 |
| 85+ | 55.00 |

Category/
Type

B. Strategic Partners & Media, Inc

Date of Disbursement

04 / 16 / 2014

Transaction ID : BB1BF7DF312F84596B91

Amount of Each Disbursement this Period

| Age Group | Number of People |
|-----------|------------------|
| 0-14 | ~10,000 |
| 15-24 | ~15,000 |
| 25-34 | ~20,000 |
| 35-44 | ~25,000 |
| 45-54 | ~30,000 |
| 55-64 | ~35,000 |
| 65-74 | ~40,000 |
| 75-84 | ~45,000 |
| 85-94 | ~50,000 |
| 95-104 | ~45,000 |

Category/
Type

C.

Date of Disbursement

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Category/
TypeCategory/
Type

SUBTOTAL of Disbursements This Page (optional).....

150161.60

TOTAL This Period (last page this line number only).....

181648.20

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 11
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---------------|--|---|---|
| NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00488742 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | | | | |
| Full Name of Payee National Association of REALTORS | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014 </div> | | |
| Mailing Address 430 N Michigan Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 200.00 </div> | | |
| City Chicago | | State IL | Zip Code 60611-4011 | | Transaction ID : E3DC5C03B2A5B46CD997 |
| Purpose of Expenditure Consulting Services | | Category/Type | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Name of Federal Candidate Rep. Mike Simpson | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 149097.00 </div> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee Majority Strategies | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014 </div> | | |
| Mailing Address 135 Professional Dr Ste 104 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 101397.00 </div> | | |
| City Ponte Vedra Beach | | State FL | Zip Code 32082-6277 | | Transaction ID : EB6D40CE8ADD6420D86/ |
| Purpose of Expenditure Direct Mail Costs | | Category/Type | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Name of Federal Candidate Rep. Mike Simpson | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 149097.00 </div> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 101597.00 </div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 101597.00 </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Michael McGrew</u> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2014 </div> | | [Electronically Filed] |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 11
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00488742 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Public Opinion Strategies, LLC | | | Date of Public Distribution/Dissemination 04 / 29 / 2014 | |
| Mailing Address 214 N Fayette St | | | Amount 17500.00 | |
| City Alexandria | | State VA | Zip Code 22314-2433 | |
| Purpose of Expenditure Polling Expenses | | Category/Type | Transaction ID : E29FFABBB984B464297D Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | |
| Name of Federal Candidate Rep. Mike Simpson | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID | |
| Calendar Year-To-Date Per Election for Office Sought 149097.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y | |
| Mailing Address | | | Amount | |
| City | | State | Zip Code | |
| Purpose of Expenditure | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 17500.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | 119097.00 | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Michael McGrew</i> | | [Electronically Filed] | | Date 05 / 13 / 2014 |